

## FORT BELVOIR MOTORCYCLE SAFETY TRAINING AUTHORIZATION

Date of Course: \_\_\_\_\_

Would you like to participate in Fort Belvoir Mentorship Program? YES/NO

1. Grade/Name/Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Office Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

2. Driver License # \_\_\_\_\_ State \_\_\_\_\_

How many years have you had your motorcycle license/ endorsement? \_\_\_\_\_

3. Where/when did you complete the:

Basic Rider Course \_\_\_\_\_ Experienced Rider Course \_\_\_\_\_

4. How many years have you been operating a motorcycle? \_\_\_\_\_

5. How many miles did you ride last year? \_\_\_\_\_

6. Are you: **Active Duty Military** or **DOD Employee** (circle) AGE: \_\_\_\_\_

7. Employer/Organization: \_\_\_\_\_ Employer Phone : \_\_\_\_\_

Employer's Address: \_\_\_\_\_

8. Rider Requirements:

a. Personal Protective Clothing/Equipment

- i. Approved Helmet
- ii. Face Shield or impact goggles
- iii. Full fingered gloves
- iv. Long sleeve shirt (brightly colored)
- v. Long pants
- vi. Over the ankle sturdy leather shoes (no tennis shoes)
- vii. Reflective vest or belt or Riding Jacket

b. Training:

- i. Motorcycle Safety Foundation Riders Course (MSF) prior to riding on or off post.

c. Licensing:

- i. MC endorsement on state license (or learner permit)
- ii. Ft Belvoir Decal (must have MSF card prior to obtaining post decal (carry at all times)
- iii. Current state inspection if required.
- iv. Selling bike? Must turn in Ft. Belvoir Decal.
- v. Current and valid insurance for state of usage.

**Motorcycle Operator  
Requirements and Individual Responsibility Agreement**

I, \_\_\_\_\_ have read and understand the requirements of DODI 6055.4, and JTRC & Fort Belvoir Regulations, for operating a motorcycle both on and off post while stationed at Fort Belvoir. I understand riding a motorcycle is an increased risk activity, and that the motorcycle requirements are for my own safety, as well as the safety of fellow drivers. I acknowledge the Army requirement for use of Personal Protective Equipment (PPE), licensing and registration requirements, as well as the necessity to complete the Motorcycle Safety Course. I will wear all PPE while operating the motorcycle on or off post. I understand that failure to comply with Army regulations could result in my suspension or loss of motorcycle driving privileges, judicial and non-judicial charges under the Uniform Code of Military Justice, as well as other sanctions available to the Commanding General. I further understand that if I am injured while riding a motorcycle in violation of Fort Belvoir policies, I may be found Not-in-Line of Duty Due to Own Misconduct.

Operators Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUPERVISORY OFFICIALS' ENDORSEMENT FOR MOTORCYCLE SAFETY TRAINING**

After careful review of this application; I certify that: \_\_\_\_\_ has read this FORT BELVOIR MOTORCYCLE SAFETY TRAINING AUTHORIZATION application in its entirety, and the information they have supplied contained herein is true and correct and that this person meets the requirements to receive and partake of Fort Belvoir Motorcycle Operator Safety Training, and has not omitted any relevant information. I understand and agree that falsification of any information provided herein, or the omission of any relevant information, will result in their immediate refusal to participate in training and inability to receive Certification to operate Motorcycles on any DoD installation. This individual also understands that this application although a requirement for training does not unto itself guarantee a position in the motorcycle safety training program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Command or Duty Station Location \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**FAX TO FORT BELVOIR INSTALLATION SAFETY AT (703) 704-0653  
Phone (703) 704-0649**